CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
0	1					
2		1				
3		6				
4		4+				
5		X 1				
6						
7		4				
8		X 1				
9		X 1				
10		1				
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49						
50						
Total Indep	1					
Total Depend	9					
Total Claims	10					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						